

**STATE OF DELAWARE**  
**WORKPLACE SAFETY PROGRAM QUESTIONNAIRE**

Please submit your application five months prior to your policy renewal date.  
Remember to include your inspection fee when mailing.

**GENERAL INFORMATION**

Business Name: \_\_\_\_\_

Attention (Name & Title): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

No. of full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_

Is any off-site work done? ☐ Yes ☐ No If yes, please complete **Job Site Addendum**.

Hours of Operation: \_\_\_\_\_

Are you seasonal? ☐ Yes ☐ No If yes, please provide the dates you are open for business:

\_\_\_\_\_

Describe Operation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Delaware** Locations: \_\_\_\_\_

\_\_\_\_\_

Have you had any Workers Compensation Claims in the last twelve months? \_\_\_\_\_

Please provide an estimate of lost workdays: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEPARTMENT USE ONLY**

RENEWAL DATE: \_\_\_\_\_ FILE #: \_\_\_\_\_ # OF YEARS: \_\_\_\_\_ PERCENTAGE: \_\_\_\_\_

INSPECTION DUE DATE: \_\_\_\_\_ CHECK #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

AMOUNT PAID LAST YEAR: \_\_\_\_\_ LOCATION(S): \_\_\_\_\_ INSPECTION(S): \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## WORKPLACE SAFETY INSPECTION FEE SCHEDULE

For Property Management, Artisans, and Contractors (General, Building, Custodial, Lawn Service, etc.):

EFFECTIVE AS OF NOVEMBER 1, 2003

	1 <sup>st</sup> YEAR	ALL CONSECUTIVE YEARS
Home Base plus 2 Sites or Less	\$700	\$350
Home Base plus 3 to 5 Sites	\$1,000	\$500
Home Base plus 6 to 10 Sites	\$1,500	\$750
Home Base plus 11 to 15 Sites	\$2,000	\$1,000
Home Base plus 16 or More	\$3,000	\$1,500

For Most Other Businesses:

	1 <sup>st</sup> YEAR	ALL CONSECUTIVE YEARS
One Building	\$300	\$150
One Building Plus CDLs	\$400	\$200
Two Buildings/ Car Dealerships/Country Clubs	\$600	\$300
Four Buildings	\$1,200	\$600
Six Buildings	\$1,800	\$900
Eight Buildings	\$2,400	\$1,200
Ten Buildings	\$3,000	\$1,500

*Only Delaware work sites are eligible for the Workplace Safety Program. The safety credit applies to Delaware premiums only in multi-state policies.*

**FEES MAY BE ADJUSTED UNDER CERTAIN CIRCUMSTANCES**

## DELAWARE EMPLOYERS' WORKPLACE HEALTH AND SAFETY INCENTIVE PROGRAM

### I. SAFETY PROGRAMS/PHILOSOPHY

1. Do you have a complete safety program with a written policy statement? ☐ Yes ☐ No  
(\*Please attach a copy of the index; have complete copy available for the inspector)

2. Who is your Safety Director/Coordinator? \_\_\_\_\_

3. Do you have a safety committee? ☐ Yes ☐ No

4. How often do you conduct safety meetings? \_\_\_\_\_

5. Do you follow OSHA records keeping procedures? \_\_\_\_\_

(\*Please have your latest OSHA 300/300A log available.)

6. Do you maintain written programs on the following?

- ☐ a. Emergency Plan and Fire Prevention Plan
- ☐ b. Occupational Noise Program
- ☐ c. Tag/Lockout Program
- ☐ d. Chemical Hazard Communication (MSDS)
- ☐ e. Driver/Vehicle Safety
- ☐ f. Industrial Truck Operators' Program
- ☐ g. Respiratory Protection Program
- ☐ h. Personal Protective Equipment/Clothing
- ☐ i. Lifting/ Back Safety
- ☐ j. Ergonomics
- ☐ k. Blood Borne Pathogens
- ☐ l. Portable ladders and stairway safety training
- ☐ m. Scaffold Safety
- ☐ n. Fall Protection
- ☐ o. Cranes/Hoists (material/personnel)
- ☐ p. Welding and Cutting
- ☐ q. Steel Erection
- ☐ r. Excavations
- ☐ s. Aerial Lifts
- ☐ t. Confined Space

7. Which chemicals are commonly used in the workplace?

_____	_____
_____	_____
_____	_____
_____	_____

8. Please check any of the following tools you use to train your employees on safety:

- |  |   |
|--|---|
| <input type="checkbox"/> a. On the job supervised training | <input type="checkbox"/> d. Safety Consultant       |
| <input type="checkbox"/> b. Videos                         | <input type="checkbox"/> e. Insurance Agent/Carrier |
| <input type="checkbox"/> c. Safety Seminars                | <input type="checkbox"/> f. Other _____             |

9. What actions have you taken within the last 6 to 12 months to enhance a safer work environment?

---

---

---

## II. FIRST AID

1. Are emergency phone numbers posted in prominent places? ☐ Yes ☐ No
2. Do you keep first aid supplies highly visible, close to employees, inspected and replenished continuously? ☐ Yes ☐ No
3. Do you have an AED kit on hand? ☐ Yes ☐ No
4. Are batteries and chest pads current? ☐ Yes ☐ No
5. Who is trained in First Aid/CPR? \_\_\_\_\_  
Is training Red Cross approved? ☐ Yes ☐ No
6. Do you have ANSI approved eyewash/emergency shower facilities? ☐ Yes ☐ No
7. Do employees work outside? ☐ Yes ☐ No
8. If applicable, are first aid and fire extinguishers provided on job sites? ☐ Yes ☐ No

## III. HOUSEKEEPING AND MAINTENANCE

1. Are any electrical cords strung across walkways? ☐ Yes ☐ No
  - a) If so, are they properly marked and guarded? ☐ Yes ☐ No
2. Are any loose floor mats safety-edged? ☐ Yes ☐ No
3. Any worn or frayed carpet, open carpet seams or curled edges? ☐ Yes ☐ No
4. Any holes, uncovered drains, protruding nails, splinters, loose boards or projections in floors? ☐ Yes ☐ No
5. Are there any false floors or platforms used to provide dry standing & walking surfaces? ☐ Yes ☐ No
6. Are all floors free of debris, lint, dust, oil, grease, paint or spray residue, granular materials, sand, mud, ice or other slippery traction-robbing material? ☐ Yes ☐ No
7. Is there continual good housekeeping, including **immediate cleanup of unavoidable spills**? ☐ Yes ☐ No
8. Is lighting adequate for all operations? ☐ Yes ☐ No
9. Do you have emergency lighting? ☐ Yes ☐ No
10. What type of ventilation system do you have? \_\_\_\_\_
11. What type of sprinkler and/or smoke detection system do you have? \_\_\_\_\_
  - a) When was it last tested? \_\_\_\_\_
  - b) Do you have specific storage areas? \_\_\_\_\_
  - c) Is stock stored 18" below sprinkler heads? \_\_\_\_\_
12. Are all exits clearly marked and unobstructed? ☐ Yes ☐ No
13. Are there frequent refuse pickups? ☐ Yes ☐ No

#### IV. AUTOMOBILE

This section applies if you have employees who drive cars or trucks as a regular part of their work; also where employees drive their own cars on company business.

1. Are employees taught how to inspect vehicles/equipment before use? ☐ Yes ☐ No
2. Do employees required to operate motor vehicles participate in a Defensive Driving Program? ☐ Yes ☐ No
3. Are scheduling & driving speeds reflective of this? ☐ Yes ☐ No
4. Are employees required to have CDLs? ☐ Yes ☐ No
5. Are Motor Vehicle Reports (MVR's) requested on all drivers at regular intervals? ☐ Yes ☐ No
6. Do you have a written drug/alcohol policy program? ☐ Yes ☐ No
7. Are MVR's requested on all prospective employees, covering all states in which they have been licensed? ☐ Yes ☐ No
8. How do you enforce the Delaware cell phone/texting law? \_\_\_\_\_
9. Are employees required to use seatbelts? ☐ Yes ☐ No
10. Are horns and back up alarms provided and operable on equipment/vehicles that require them? ☐ Yes ☐ No
11. How often are driver training and safety meetings held? \_\_\_\_\_
12. What actions are taken in connection with accidents or violations, and have they proven effective? Describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Are there any time pressures inherent in your operations? ☐ Yes ☐ No  
If "yes", describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Are fully stocked first aid kits and fire extinguishers maintained on vehicles? ☐ Yes ☐ No

#### V. GENERAL INFORMATION

1. When did your insurance carrier last conduct an engineering & loss control inspection of your premises and operations. Date: \_\_\_\_\_
2. What worker's compensation recommendations have been made by them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Have they been complied with? ☐ Yes ☐ No
4. Has an OSHA inspection ever been done? ☐ Yes ☐ No
  - a) If so, were any recommendations made, citations issued; fines or penalties levied? If "yes", explain. ☐ Yes ☐ No  
\_\_\_\_\_  
\_\_\_\_\_

5. What regulatory authorities inspect your operations?

---

---

---

a) How often? \_\_\_\_\_

Name, title and employer of person completing this questionnaire: \_\_\_\_\_

---

Date: \_\_\_\_\_

If not an employee of company, please provide relationship: \_\_\_\_\_

Information Verified by: \_\_\_\_\_

(\*Management Level Employer Representative)

Please visit our website at: [www.delawareinsurance.gov](http://www.delawareinsurance.gov)

For questions, call (302) 674-7377

Fax #: (302) 736-7910

Email us at: [safety@state.de.us](mailto:safety@state.de.us)

Mailing Address: **Department of Insurance**  
**Attn: Workplace Safety**  
**841 Silver Lake Blvd.**  
**Dover, DE 19904**

